



IFW ✓

PATENT  
Atty. Docket No.0212-CIP-9

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Appl. Serial No.:** 10/629,649

**Inventors:** Nigel R.A. BEELEY, et al.

**Filed:** July 30, 2003

**Title:** METHODS AND COMPOSITIONS FOR  
TREATING POLYCYSTIC OVARY SYNDROME

**Confirmation No.:** 6846

**TC/A.U.:** 1654

**Examiner:** Jeffrey E. Russel

TRANSMITTAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

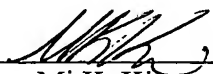
Sir:

The following documents are enclosed herewith for your review and consideration:

- Fee Transmittal Form – In duplicate (2 pages)
- Information Disclosure Statement (2 pages)
- PTO Form SB/08 (2 pages)
- Copy of PCT International Search Report (3 pages)

Respectfully submitted,  
AMYLIN PHARMACEUTICALS, INC.

Dated: April 4, 2005

By:   
Mi K. Kim  
Registration No. 44,830

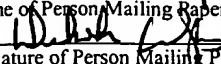
AMYLIN PHARMACEUTICALS, INC.  
9360 Town Centre Drive  
San Diego, CA 92121  
Telephone: 858.552.2200  
Facsimile: 858.552.1936

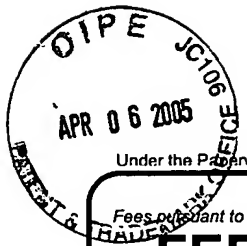
CERTIFICATE OF MAILING  
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with anything referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage in an envelope addressed to the Commissioner for Patents, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231

Date of Deposit

4/4/05

Deborah Wykes  
Name of Person Mailing Paper  
  
Signature of Person Mailing Paper

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
180<sup>00</sup>**Complete if Known**

|                      |                           |
|----------------------|---------------------------|
| Application Number   | 10/629,649                |
| Filing Date          | July 30, 2003             |
| First Named Inventor | Nigel R.A. BEELEY, et al. |
| Examiner Name        | Jeffrey E. RUSSEL         |
| Art Unit             | 1654                      |
| Attorney Docket No.  | 0212-CIP-9                |

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 010535 Deposit Account Name: Amylin Pharmaceuticals

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|              |              |          |               |                           |               |
|--------------|--------------|----------|---------------|---------------------------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |               |
| - 20 or HP = | x            | =        |               | Fee (\$)                  | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

|               |              |          |               |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP =   | x            | =        |               |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 =      | / 50 =       | (round up to a whole number) x                   | =        |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

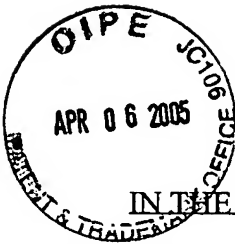
Other (e.g., late filing surcharge): Submission of an Information Disclosure Statement \$180.00

**SUBMITTED BY**

|                   |           |  |                        |
|-------------------|-----------|--|------------------------|
| Signature         |           | Registration No. (Attorney/Agent) 44,830 | Telephone 858-552-2200 |
| Name (Print/Type) | Mi K. Kim | Date April 4, 2005                       |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT  
Serial No. 10/629,649  
Amylin Docket No.: 0212-CIP-9

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re patent application of:**

AMYLIN PHARMACEUTICALS, INC.

**Applicants:** Nigel R.A. BEELEY, et al

**Serial No.:** 10/629,649

**Filed:** July 30, 2003

**Title:** METHODS AND COMPOSITIONS  
FOR TREATING POLYCYSTIC  
OVARY SYNDROME

**Group Art Unit:** 1654

**Examiner:** Jeffrey E. Russel

**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In compliance with 37 C.F.R. §1.97(c), the articles and patent documents listed and identified on the attached Form PTO/SB/08 are being submitted before the mailing of a final action under 1.113, a notice of allowance under 1.311, or an action that otherwise closes prosecution in the application and is accompanied by the fee set forth in 1.17(p).

Attached are Forms PTO/SB/08a and 08b (formerly Form PTO-1449). Copies of the listed references are enclosed. The Examiner is requested to consider the references and make them of record.

**CERTIFICATE OF MAILING**  
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit

4/4/05

Deborah Wykes

Name of Person Mailing Paper

*Deborah Wykes*

Signature of Person Mailing Paper

04/06/2005 EAREGAY1 00000030 010535 10629649

01 FC:1806 180.00 DA


Applicants submit that the filing of the information disclosure statement should not be construed to be an admission that the information cited in the statement is, or is considered to be, material to patentability as defined in §1.56(b). Also enclosed is a copy of the PCT International Search Report.

A fee of \$180.00 is believed due in connection with this communication. The Commissioner is hereby authorized to charge payment of this and any additional fees associated with this communication or credit any overpayment to Amylin Pharmaceuticals, Inc.'s Deposit Account No. 010535.

Respectfully submitted,

AMYLIN PHARMACEUTICALS, INC.

Dated: 4/4/2005

By:   
Mi K. Kim  
Registration No. 44,830

AMYLIN PHARMACEUTICAL, INC.  
9360 Town Centre Drive  
San Diego, CA 92121  
Telephone: 858.552.2200  
Facsimile: 858.552.1936



## Under the Paper

PTO/SB/08b(08-03)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

*(Use as many sheets as necessary)*

|       |   |    |   |
|-------|---|----|---|
| Sheet | 2 | of | 2 |
|-------|---|----|---|

**Complete if Known**

|                               |                          |
|-------------------------------|--------------------------|
| <i>Application Number</i>     | 10/629,649               |
| <i>Filing Date</i>            | July 30, 2003            |
| <i>First Named Inventor</i>   | Nigel R.A. BEELEY, et al |
| <i>Art Unit</i>               | 1646                     |
| <i>Examiner Name</i>          | Jeffrey E. Russel        |
| <i>Attorney Docket Number</i> | 0212-CIP-9               |

## NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner  
Signature

Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*